

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
09/674183

FILING DATE

APPLICANT(S)

CLAIMS

AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT							
IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					51					
2	1					52					
3	2					53					
4	(1)	1				54					
5	1					55					
6	1					56					
7	1					57					
8	0	1				58					
9	1					59					
10	0	1				60					
11	0	1				61					
12	0	1				62					
13	0	1				63					
14	0	1				64					
15	0	1				65					
16	0	1				66					
17	0					67					
18	0					68					
19	0					69					
20	0					70					
21	0			1		71					
22	0			1		72					
23	0			1		73					
24	0			1		74					
25	0			1		75					
26	0			1		76					
27	0			1		77					
28	0			1		78					
29	0			1		79					
30	0			1		80					
31	0			1		81					
32	0			1		82					
33				1		83					
34				1		84					
35				1		85					
36				1		86					
37				1		87					
38				1		88					
39				1		89					
40				1		90					
41				1		91					
42				1		92					
43				1		93					
44				1		94					
45						95					
46						96					
47						97					
48						98					
49						99					
50						100					
TO AL	1L		1			TOTAL IND.					
TO DE	4L		23		1	TOTAL DEP.					
TO CL	4L		24			TOTAL CLAIMS					
TO HIS	4L										